

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

D
OLMS DRDA

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>009885020</u> <u>7411</u> <u>025-027</u>	2. Fiscal Year Covered From: <u>7/1/04</u> Through: <u>6/30/05</u>
3. Name and address of person filing. Name <u>Floyd Clay</u> P.O. Box, Bldg., Room No., if any Street <u>2258 Stonewood Court</u> City <u>San Pedro</u> State <u>ca</u> ZIP Code + 4 <u>90732</u>	4. Name, file number, and address of labor organization. Name <u>Southwest Regional Council of Carpenters</u> Labor Organization File Number <u>025-027</u> P.O. Box, Building and Room Number, if any Street <u>533 S. Fremont Ave</u> City <u>Los Angeles</u> State <u>ca</u> ZIP Code + 4 <u>90071-1712</u>
5. Position in labor organization. <u>Administrative Assistant</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Floyd Clay

On

Date

8/8/05

Telephone Number

213-385-1457

Name of Person Filing <i>Floyd Clay</i>	File Number U- <i>3798-3520</i>
---	---------------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <i>Opus Investment Advisors</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <i>2321 Rosecrans Ave # 3230</i> City <i>El Segundo</i> State <i>Ca</i> ZIP Code + 4 <i>90245</i>	9. Business deals with: a. Labor Organization <input checked="" type="radio"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>Southwest Carpenters Trust</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <i>533 S Vermont Ave.</i> City <i>Los Angeles</i> State <i>Ca</i> ZIP Code + 4 <i>90071-1712</i>	11.a. Nature of such dealing. <i>Investment Advisors</i> <div style="text-align: right;"><i>app. \$ 1,000,000.00</i></div> 11.b. Approximate dollar value of such dealing. <i>\$196.47</i> 12.a. Nature of interest held or income received. <i>Bottle of Wine 122.14</i> <i>Commemorative</i> <i>Planner 74.33</i> <div style="text-align: right;"><i>\$196.47</i></div>
	12.b. Amount. <i>\$ 196.47</i>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <i>Floyd Clay</i>	File Number U- <i>3798-3520</i>
---	---------------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <i>Riviera Hotel</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <i>1600 N. Indian Canyon Dr.</i> City <i>Palm Springs,</i> State <i>Ca</i> ZIP Code + 4 <i>92262-4602</i>	9. Business deals with: <div style="margin-left: 40px;"> a. Labor Organization <input checked="" type="radio"/> b. Trust c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>Southwest Carpenters Trust</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <i>533 S. Fremont</i> City <i>Los Angeles</i> State <i>Ca</i> ZIP Code + 4 <i>90071-1712</i>	11.a. Nature of such dealing. <i>Hotel owned by Trust</i> <hr/> 11.b. Approximate dollar value of such dealing <i>\$ 30,000,000</i> <hr/> 12.a. Nature of interest held or income received. <i>Basket of Fruit \$ 30.00</i> <hr/> 12.b. Amount. <i>\$ 30.00</i>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.